



**TESTIMONY OF ROBERT LEDERER,
DIRECTOR OF RESEARCH, POLICY, AND ADVOCACY FOR
BRONX HEALTH LINK, INC.**

**City Council Health Committee - Public Hearing on
Women's Preconception Care and Health Outcomes for Moms
November 13, 2013**

My name is Robert Lederer, and I am the Director of Research, Policy, and Advocacy for Bronx Health Link, Inc., a health education, research, and advocacy organization linking Bronx consumers and providers, residents and researchers, and constituents and policy makers. I am also representing the Citywide Coalition to End Infant Mortality, a network of 30 agencies citywide that provide services funded through the City Council's Infant Mortality Reduction Initiative, several of whose members you have just heard from. Thank you for the opportunity to speak today.

Over the past 11 years, the Infant Mortality Reduction Initiative has provided women in the prenatal and perinatal periods of pregnancy with health education workshops, case management, targeted screening for support needs, and referral services. We want to thank the Council, and especially this Committee's Chair, Councilmember Arroyo, for working diligently each year to maintain funding for this vital program. A key goal of the Initiative has been educating pregnant women about, and connecting them to, prenatal care. In some of the neighborhoods served, there have been reductions in the rates of late or no prenatal care and of infant mortality. However, in general, the rates of preterm birth and low birth weight, as well as maternal mortality, have not changed in communities of color.

One of the most consistent findings of research on maternal and infant health in recent years is the impact of women's long-term health issues – especially overweight, obesity, diabetes, high blood pressure, cardiovascular disease, environmental health conditions, long-term stress, and trauma and abuse. Also significant is the impact of stress-related behaviors such as tobacco smoking and alcohol consumption. All of this research has led to a consensus in the field that **prenatal care, even of the highest quality, is not enough to reverse the poor birth outcomes and maternal mortality rate**, all of which remain stubbornly high nationally and in New York City, with extremely disproportionate rates in communities of color. Some conditions – whether medical, nutritional, or psychosocial – cannot be reversed in time to prevent harm to the embryo or to prevent the death of the mother. In addition for various reasons, many women in New York City do not enter prenatal care until late in pregnancy.

As a result, nationwide, more and more programs providing maternal and infant healthcare are moving toward the Life Course model, which treats healthcare and prevention as a life-long continuum. The part of this that we are focusing on today is preconception and interconception care, both of which emphasize the importance of providing women, as well as men, with the services of physical assessment, medical and social screening, health education and counseling, treatment, and social/psychological services, both significantly *before* and *between* pregnancies.

This year, the Infant Mortality Reduction Initiative is being redesigned so that its educational services more effectively reach young women and men during the vital period before they conceive a child. We are placing more emphasis on what women can do *before* pregnancy to improve their baby's health, as well as their own. This includes addressing several of the chronic illnesses and stress-related behaviors listed earlier. In addition, the program is making active efforts to recruit young men to educate and counsel them on the ways both they and their women partners can improve their health to boost their chances of having a healthy baby. Finally, in the coming year, the geographic targeting of our services citywide will be fine-tuned to focus on the preconception health of teens and women in the zonal areas where there is a high incidence of low birthweight and preterm births.

But it is important to emphasize that **the Infant Mortality Initiative, even with its redesign to emphasize the preconception period, cannot substitute for a dedicated program to provide preconception and interconception care.** Again, the Initiative's services are limited to education, training, outreach, case management, screening for support needs, and referrals. And even for these services, at the \$2.5 million level at which it has been funded for several years, the program only reaches a fraction of the women and men in need around the city. (Furthermore, the recent refocusing on women and men in the preconception period, while funding stayed constant, means that the program is now able to reach fewer pregnant women than before – which risks reversing the progress that's been made in birth outcomes.) But in the area of preconception and interconception *healthcare services* – that is, physical assessments, screening for chronic conditions and appropriate referrals, case management, one-on-one counseling, support groups, and doula care – there are very few programs around the city. Let me emphasize that pre- and interconception care is not just one visit. It is ongoing care of women and men to determine and address health risks. Ensuring a medical home and chronic disease screening and management are important parts of this care model. Coordination of specialists, including mental health providers, and social services are also important.

Therefore, we are proposing that the Council launch **a new initiative – separate from but complementary to the Infant Mortality Reduction Initiative – to establish a network of pilot programs for preconception and interconception care around the City at existing healthcare institutions.** Building on existing small, successful programs here in New York and around the country, and utilizing guidelines from the federal Department of Health and Human Services,

the new initiative would develop a tightly coordinated model of care providing the services that I just listed. These would be targeted to neighborhoods with the highest levels of chronic illness among women and with the least access to existing services. Of course, those services would be carefully coordinated with the ones currently provided by the Infant Mortality Reduction Initiative to avoid duplication. In order to ensure sufficient funds for each pilot in different boroughs, and for evaluation to occur, we are requesting \$2 million.

In addition, we believe that a growing body of evidence shows the tremendous value of providing women with the services of trained doulas, who provide physical, informational, and emotional support to women during pregnancy, childbirth, the postpartum and interconception periods. Having the constant support of a doula by a laboring woman's side has been shown to improve birth outcomes, control costs, and reduce health disparities. Therefore, as a complement to our proposed Preconception/ Interconception Care Initiative, we are proposing that the Council support a \$500,000 program to launch doula-care pilot projects around the City. We are also requesting a resolution of Council support for the proposal by the New York Coalition for Doula Access for the New York State Medicaid program to make doula care a reimbursable service.

In closing, we ask that the Health Committee lead the City Council in inaugurating these two important models of healthcare for those with the greatest needs around the City. These initiatives have the potential to become national models, accelerating the transformation of maternal and infant healthcare into a Life Course Approach that will dramatically improve health outcomes for women, men, and infants around the country. We look forward to working with you and your staff in the coming months in crafting legislation to bring about these life-saving programs.

Thank you for your time and attention.

Contact information:

Robert Lederer
Director of Research, Policy, and Advocacy
Bronx Health Link
(718) 590-2617
bob@bronxhealthlink.org
www.bronxhealthlink.org